



## General

#### Title

Hepatopancreatobiliary (HPB) cancer: proportion of patients with hepatocellular carcinoma (HCC) undergoing disease specific treatment with curative intent (liver transplant, resection, or ablation) who die within 90 days of definitive treatment.

## Source(s)

NHS Scotland, Scottish Cancer Taskforce. Hepatopancreatobiliary cancer clinical quality performance indicators. Edinburgh (Scotland): Scottish Government, Healthcare Improvement Scotland; 2015 Mar. 35 p. [14 references]

#### Measure Domain

#### Primary Measure Domain

Clinical Quality Measures: Outcome

# Secondary Measure Domain

Does not apply to this measure

# **Brief Abstract**

# Description

This measure is used to assess the proportion of patients with hepatocellular carcinoma (HCC) undergoing disease specific treatment with curative intent (liver transplant, resection, or ablation) who die within 90 days of definitive treatment.

This indicator will be reported by principal treatment modality, in the following hierarchy: liver transplant, resection, ablation.

This Cancer Quality Performance Indicator (QPI) measure is separated into two parts. Please refer to the related NQMC measure summary, Hepatopancreatobiliary (HPB) cancer: proportion of patients with hepatocellular carcinoma (HCC) undergoing disease specific treatment (liver transplant, resection, ablation, trans-arterial chemoembolisation [TACE] or systemic anti-cancer therapy [SACT]) who die within 30 days of definitive treatment.

Note from the National Quality Measures Clearinghouse: This measure is part of the QPIs collection. For more information, including a

#### Rationale

Disease specific interventions for hepatocellular carcinoma (HCC) are delivered with either curative (liver transplantation, resection or ablation) or palliative (trans-arterial chemoembolisation [TACE] or systemic anti-cancer therapy [SACT]) intent. In either case treatments should be performed safely with low rates of mortality. Similarly, disease specific treatment should only be undertaken in individuals that may benefit from treatment, that is, disease specific treatments should not be undertaken in futile situations.

Treatment related mortality is a marker of the quality and safety of the whole service provided by the multidisciplinary team (MDT) (NHS Quality Improvement Scotland, 2008).

#### Evidence for Rationale

NHS Quality Improvement Scotland. Management of bowel cancer services. Edinburgh (Scotland): NHS Quality Improvement Scotland; 2008 Mar. 41 p. [36 references]

NHS Scotland, Scottish Cancer Taskforce. Hepatopancreatobiliary cancer clinical quality performance indicators. Edinburgh (Scotland): Scottish Government, Healthcare Improvement Scotland; 2015 Mar. 35 p. [14 references]

#### Primary Health Components

Hepatocellular carcinoma (HCC); curative intent; liver transplant; resection; ablation; death

# **Denominator Description**

All patients with hepatocellular carcinoma (HCC) undergoing disease specific treatment with curative intent (liver transplant, resection, or ablation)

# **Numerator Description**

Number of patients with hepatocellular carcinoma (HCC) undergoing disease specific treatment with curative intent (liver transplant, resection, or ablation) that die within 90 days of definitive treatment (see the related "Numerator Inclusions/Exclusions" field)

# Evidence Supporting the Measure

# Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

# Additional Information Supporting Need for the Measure

Unspecified

#### **Extent of Measure Testing**

The collection of data is piloted on a small number of patient records using a paper data collection form produced by the Information Services Division (ISD). The aim is to identify any anomalies or difficulties with data collection prior to full implementation. At least one NHS board in each Regional Cancer Network participates in the pilot.

### Evidence for Extent of Measure Testing

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p.

#### State of Use of the Measure

#### State of Use

Current routine use

#### Current Use

not defined yet

# Application of the Measure in its Current Use

# Measurement Setting

Hospital Inpatient

Hospital Outpatient

# Professionals Involved in Delivery of Health Services

not defined yet

# Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

# Statement of Acceptable Minimum Sample Size

Unspecified

# Target Population Age

Unspecified

## **Target Population Gender**

Either male or female

# National Strategy for Quality Improvement in Health Care

#### National Quality Strategy Aim

Better Care

#### National Quality Strategy Priority

Making Care Safer
Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

#### **IOM Care Need**

Living with Illness

#### **IOM Domain**

Effectiveness

Safety

# Data Collection for the Measure

# Case Finding Period

Unspecified

# Denominator Sampling Frame

Patients associated with provider

# Denominator (Index) Event or Characteristic

Clinical Condition

Therapeutic Intervention

#### **Denominator Time Window**

not defined yet

#### Denominator Inclusions/Exclusions

Inclusions

All patients with hepatocellular carcinoma (HCC) undergoing disease specific treatment with curative intent (liver transplant, resection, or ablation)

Exclusions

None

## Exclusions/Exceptions

not defined yet

# Numerator Inclusions/Exclusions

Inclusions

Number of patients with hepatocellular carcinoma (HCC) undergoing disease specific treatment with curative intent (liver transplant, resection, or ablation) that die within 90 days of definitive treatment

Note: This indicator will be reported by principal treatment modality, in the following hierarchy: liver transplant, resection, ablation.

Exclusion

None

# Numerator Search Strategy

Fixed time period or point in time

#### **Data Source**

Electronic health/medical record

Paper medical record

# Type of Health State

Death

# Instruments Used and/or Associated with the Measure

Unspecified

# Computation of the Measure

Measure Specifies Disaggregation

Measure is disaggregated into categories based on different definitions of the denominator and/or numerator

#### Basis for Disaggregation

This indicator will be reported by principal treatment modality, in the following hierarchy: liver transplant, resection, ablation.

#### Scoring

Rate/Proportion

## Interpretation of Score

Desired value is a lower score

#### Allowance for Patient or Population Factors

not defined yet

## Standard of Comparison

not defined yet

## Prescriptive Standard

Target: Less than 10%

# **Evidence for Prescriptive Standard**

NHS Scotland, Scottish Cancer Taskforce. Hepatopancreatobiliary cancer clinical quality performance indicators. Edinburgh (Scotland): Scottish Government, Healthcare Improvement Scotland; 2015 Mar. 35 p. [14 references]

# **Identifying Information**

# **Original Title**

QPI 5 (ii) - 30 and 90 day mortality after curative or palliative treatment.

#### Measure Collection Name

Cancer Quality Performance Indicators (QPIs)

#### Measure Set Name

HepatoPancreatoBiliary Cancer

#### Measure Subset Name

Hepatocellular Carcinoma (HCC) QPIs

#### Submitter

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

#### Developer

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

# Funding Source(s)

Scottish Government

#### Composition of the Group that Developed the Measure

HepatoPancreatoBiliary (HPB) Cancer QPI Development Group

## Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

# Adaptation

This measure was not adapted from another source.

# Date of Most Current Version in NQMC

2015 Mar

#### Measure Maintenance

The Cancer Quality Performance Indicators (QPIs) will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.

# Date of Next Anticipated Revision

Unspecified

#### Measure Status

This is the current release of the measure.

#### Measure Availability

Source document available from the Healthcare Improvement Scotland Web site
For more information, contact the Healthcare Improvement Scotland at Gyle Square, 1 South Gyle
Crescent, Edinburgh, Scotland EH12 9EB; Phone: 0131 623 4300; E-mail: comments.his@nhs.net; Web
site: www.healthcareimprovementscotland.org/

#### Companion Documents

The following is available:

NHS Scotland. National cancer qu	ality performance indicators: overview of development process.
Edinburgh (Scotland): NHS Scotla	nd; 2012 Dec. 7 p. This document is available from the Healthcare
Improvement Scotland Web site	

## **NQMC Status**

This NQMC summary was completed by ECRI Institute on May 23, 2017.

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No copyright restrictions apply.

## **Production**

# Source(s)

NHS Scotland, Scottish Cancer Taskforce. Hepatopancreatobiliary cancer clinical quality performance indicators. Edinburgh (Scotland): Scottish Government, Healthcare Improvement Scotland; 2015 Mar. 35 p. [14 references]

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